

## AMBULATORY CARE CENTER MEDICAL CERTIFICATE

This is to certify that CATOTO, CLAUDIA	00
This is to certify thatCATOTO, CLAUDIA <u>single/</u> married, a resident ofUNGKA 2, PAVIA, IL this hospital on _February 06, 2024 with the following	,, years old, male/female _OILO was examined i ng findings:
DIAGNOSIS:	
Acute bacterial Rhinosinutis	
REMARKS	
Patient was advised to rest for 2-3 days and may res	ume work once with resolution of symptoms.
	DR. RAMON BERNALES III
	Signature over printed Name/Date  ATTENDING PHYSICIAN  LICENSE NO.: 0113287  PTR NO.: 6942059  DEPARTMENT OF: FAMILY MEDICINE
*This certification is issued to the above mentioned name for whatever purpose it m verification you can contact us through 500-1000.	lay serve him/her best and is not valid for medico-legal purposes. For

REVOISSI 03-Feb-12

ACC-MC-001